

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF OKLAHOMA**

IN RE:

\_\_\_\_\_,  
Debtor(s).

Case No. \_\_\_\_\_

Chapter \_\_\_\_\_

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

\_\_\_\_\_ (“Applicant”) applies to this Court for entry of an order directing the Clerk to remit the sum of \$ \_\_\_\_\_ due to \_\_\_\_\_ (“Claimant”).

1.	<b>Full legal name of Claimant</b> <i>(If Claimant is an individual, skip to Question No. 5)</i>	
2.	<b>Type of Entity</b> (corporation, LLC, partnership)	
3.	<b>State of Incorporation/Organization</b>	
4.	<b>Name and Title of Authorizing Officer or Representative</b>	
5.	<b>Current Mailing Address</b>	
6.	<b>Telephone Number</b>	
7.	<b>SS# (last 4 digits only) or EIN #</b>	
8.	<b>Amount Being Claimed</b>	

Applicant represents that Applicant is authorized to submit this Application and is entitled to receive the requested funds based upon:

***(check the applicable box)***

- ☐ Applicant is the original creditor and owner of the funds as it appears on the records of this Court. Included is a copy of photo identification of the Claimant showing the Claimant’s signature (**e.g., driver’s license or passport**). *(All but the last 4 digits of a SS# must be redacted prior to filing.) If funds were deposited for the benefit of joint creditors, both must sign the Application (or a power of attorney authorizing another person to collect the funds on their behalf) and submit photo identification.*
- ☐ Applicant is a corporation, partnership or other entity named as the creditor in the Trustee’s Report of Unclaimed Dividends, the Applicant/Claimant has attached to the Application documentation that establishes that the person executing the Application is authorized to submit the Application (**e.g., Affidavit of Secretary with copy of directors’ resolution authorizing**

**execution of the Application, or Officer's Certificate establishing that the corporate officer executing the Application is authorized to so act).**

- ☐ Applicant is the assignee of the original creditor's claim to said funds, as evidenced in the attached documentation;
- ☐ Applicant is the original creditor's successor in interest, as evidenced in the attached documentation;
- ☐ Applicant is an attorney or "funds locator," named in a special/limited power of attorney, which document is attached hereto, that is valid under the laws of the State of Oklahoma, that empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant. The Applicant has attached the following documentation to the Application for a Attorney or a "funds locator": An original, notarized power of attorney from an individual claimant or from the duly authorized representative for the corporation, partnership or other entity named as the Claimant that establishes that the Applicant is authorized to take such action on behalf of the Claimant. And the Applicant has completed all of the information on the form of "Affidavit of Claimant" **before** it is given to the individual or representative of a corporation, partnership or other entity named as the Claimant to sign before a notary. The Claimant, has been contacted by the funds locator, and has sufficient information to verify that he/she/it is in fact entitled to the funds that the Applicant is applying for on behalf of the Claimant.

Applicant states that the Claimant is the:

**(check the applicable box)**

- ☐ original creditor and owner of the claim;
- ☐ original creditor's attorney with authorization to receive said funds;
- ☐ assignee of the original creditor's claim to said funds;
- ☐ successor in interest of the original creditor; or
- ☐ personal representative of the original creditor's estate.

Attached to the Application is the "Affidavit of Claimant." (*The Affidavit of Claimant is required only if the Applicant is an attorney or funds locator.*) Applicant completed all necessary information on the Affidavit of Claimant prior to providing such Affidavit to the Claimant for execution. (*This is necessary to ensure that the alleged claimant, contacted by a funds locator, has sufficient information to verify that he/she/it is in fact entitled to the funds that the attorney or "funds locator" is applying for on behalf of the Claimant.*)

This Application is submitted with the necessary documents to establish (1) Applicant's authority to collect the unclaimed funds on behalf of the Claimant and (2) the Claimant's entitlement to the particular unclaimed funds. The Application was completed and submitted in accordance with this Court's **Instructions for Filing an Application for Payment of Unclaimed Funds.**

Applicant declares under penalty of perjury that sufficient inquiry has been made to determine that the above funds have not been previously paid, no other applications for payment of said funds

FORM 3011-1(A)

are pending, and no party other than Claimant is entitled to submit a request for disbursement of the funds.

Applicant certifies that a copy of this Application (and all attachments) was provided to the Office of the United States Attorney, Eastern of Oklahoma, 1200 W. Okmulgee Street, Muskogee, Oklahoma 74401, as evidenced by the Certificate of Service attached hereto.

Applicant requests that the Court enter an Order directing payment of the unclaimed funds described above to the Applicant, or if the Applicant is not the Claimant, to the Applicant and Claimant, in accordance with the documents submitted in support of the Application.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.







UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF OKLAHOMA

IN RE:

\_\_\_\_\_,  
Debtor(s).

Case No. \_\_\_\_\_  
Chapter \_\_\_\_\_

AFFIDAVIT OF CLAIMANT

*(for use when Applicant is an attorney or funds locator)*

I, \_\_\_\_\_, the undersigned claimant (or duly authorized representative for the claimant as identified in paragraph (2)), declare as follows:

1. \_\_\_\_\_  
*(Name and Address of Funds Locator)*

has been granted a power of attorney to submit an Application For Payment of Unclaimed Funds (or I am the duly authorized representative for claimant as indicated in the attached power of attorney) seeking payment of:

*(select one)*

- ☐ claim number \_\_\_\_\_ (if no claim was filed write "scheduled" in blank space) for which the dividend of \$ \_\_\_\_\_ is due and owing to me or the entity I represent as claimant in the above referenced bankruptcy case;
- ☐ funds deposited in the name of the debtor in the amount of \$ \_\_\_\_\_.

2. My name, position with company *(if claimant is not an individual)*, address and telephone number are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Copies of all necessary documentation, including those which establish the chain of ownership of the original corporate creditor (e.g., documents relating to a sale of company, purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds) and which substantiate claimant's right to the funds, are attached.
4. I (or the business that I represent as claimant) have neither previously received these funds nor contracted with any other party other than the person named in item one above to recover these funds.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

FORM 3011-1(A)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of claimant or duly authorized representative of  
claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
EIN # of entity or last 4 digits of SS# of individual claimant

Sworn to and Subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

[SEAL]

\_\_\_\_\_  
Notary Public

In and for the State of \_\_\_\_\_

My Commission expires:



### **Instructions For Filing An Application For Payment of Unclaimed Funds**

To file an Application for Payment of Unclaimed Funds, you must:

1. Submit a notarized Application for Payment of Unclaimed Funds substantially in the form prescribed by this Court. See Local Rule 3011-1.
2. Include legible copies of supporting documents establishing the final address of record of the original creditor as it appears on the records of this Court (e.g., telephone or utility bill, correspondence from the court, etc.).
3. If the Applicant is an attorney or “Funds Locator” acting as the agent or representative of the Claimant, the Application must include an original power of attorney containing the notarized signature of the Claimant (or its duly authorized representative) and such grant of authority and the “Affidavit of Claimant” verifying that Claimant is entitled to the funds.
4. If the Claimant is not identical to the original creditor named in the Trustee’s Report of Unclaimed Dividends, appropriate documentation must be attached to the Application to substantiate such Claimant’s asserted interest in the unclaimed funds.
5. A. If the Claimant is an individual, the Application must include a copy of photo identification of the Claimant showing the Claimant’s signature (**e.g., driver’s license or passport**). (*All but the last 4 digits of a SS# must be redacted prior to filing.*)
  - (1) If the unclaimed funds were deposited for the benefit of joint creditors, both must sign the Application (or a power of attorney authorizing another person to collect the funds on their behalf) and submit photo identification.
- B. If the Claimant is a corporation, partnership or other entity, the Application must include the following documents, as applicable:
  - (1) **Active corporation/limited liability company**
    - (a) current list of officers and directors or members
    - (b) certified copy of Articles of Incorporation/ Organization
    - (c) imprint of the corporate seal, if applicable
    - (d) business card reflecting Claimant’s name, officer or representative’s name and title attached to company letterhead stationery.
  - (2) **Inactive corporation/limited liability company**
    - (a) final list of officers and directors
    - (b) certified copy of Articles of Incorporation/Organization
    - (c) certified copy of Articles of Dissolution (or similar document)
    - (d) date and list of final distribution of assets

#### **(3) Sole Proprietorship**

- (a) a copy of photo identification of the sole proprietor showing the sole proprietor's signature (e.g., driver's license or passport). (*redact personal data identifiers as set forth in Paragraph 10 below*)
- (b) document showing business address at the time of the bankruptcy case (e.g., copy of invoice, sales tax permit, business license, etc.)

**(4) Partnership**

- (a) Certificate of Partnership and/or Partnership Agreement
- (b) written documentation from all partners authorizing the representative to claim the funds on their behalf

6. If Applicant is a corporation, partnership or other entity named as the creditor in the Trustee's Report of Unclaimed Dividends, the Applicant/Claimant must attach to the Application documentation that establishes that the person executing the Application is authorized to submit the Application (e.g., Affidavit of Secretary with copy of directors' resolution authorizing execution of the Application, or Officer's Certificate establishing that the corporate officer executing the Application is authorized to so act).
  - A. If the name of the Claimant is different from the name of the original creditor due to a change in the corporate name, assignment, merger, dissolution, etc., appropriate documentation must be attached to the Application to substantiate the Claimant's alleged interest in the unclaimed funds.
7. If Applicant is an attorney or funds locator that has been retained by the Claimant, the Applicant must attach the following documentation to the Application.
  - A. An original, notarized power of attorney from an individual claimant or from the duly authorized representative for the corporation, partnership or other entity named as the Claimant that establishes that the Applicant is authorized to take such action on behalf of the Claimant.
  - B. Documentation that establishes that the person executing the power of attorney is authorized to so act (e.g., Affidavit of Secretary with copy of directors' resolution authorizing use of locator service or Officer's Certificate establishing that the corporate officer executing the power of attorney is authorized to so act). The power of attorney and Officer's Certificate (or similar documentation) may not be signed by the same individual.
  - C. If the Applicant is an individual executing the Application on behalf of Applicant's corporation, partnership, or other entity, the Application must include documentation establishing that such individual is authorized to act on behalf of such entity.
  - D. If the Applicant is an attorney or funds locator, the Applicant must complete all of the information on the form of "Affidavit of Claimant" *before* it is given to the individual or representative of a corporation, partnership or other entity named as the Claimant to sign before a notary. This is necessary to ensure that the alleged Claimant, contacted by the funds locator, has sufficient information to verify that he/she/it is in fact entitled to the funds that the Applicant is applying for on behalf of the Claimant.
8. If Applicant is claiming funds on behalf of a deceased party, the Application must include a copy of the death certificate and documents that substantiate the Applicant's right to act on behalf of the decedent's estate, or the Applicant's right to the funds as a beneficiary of the estate.

FORM 3011-1(A)

9. Attach to the Application a Certificate of Service evidencing that a copy of the Application has been mailed to the proper office of the United States Attorney for the Eastern District of Oklahoma pursuant to 28 U.S.C. § 2042. In addition, pursuant to Local Rule 3011-1, notice of the Application shall also be served upon the follow parties: 1. Debtor and Debtor's counsel, if any; 2. Trustee for the bankruptcy estate; 3. United States Trustee; and 4. Original creditor and creditor's counsel, if any, if the Claimant is not the original creditor.
10. Applicant shall redact the following personal data identifiers from the Application and any supporting documentation attached to the Application before filing such documents: (i) all but the last four digits of a social security number; (ii) all names of minor children (use minors' initials); (iii) all but the last four digits of any bank, savings or similar account numbers; and (iv) all birth date information except the year. The responsibility for redacting personal data identifiers rests solely with the filing party. The Clerk will not review documents for compliance, seal on the Court's own motion documents containing personal data identifiers, or redact documents, whether filed electronically or on paper.
11. The Court reserves the right in all cases to set a hearing to obtain additional evidence before issuing an order for payment.
12. All checks issued as a result of an Application submitted by an attorney or funds locator who has been retained by the Claimant or other party entitled to the funds shall be made payable jointly to the Applicant and the Claimant. If the Application is signed by an individual on behalf of a business entity (e.g., corporation, partnership, etc.), then the check will be issued in the name of the business entity.
13. All indications of fraud will be promptly forwarded to the United States Attorney for review.

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF OKLAHOMA**

**IN RE:**

\_\_\_\_\_,  
**Debtor(s).**

**Case No.** \_\_\_\_\_  
**Chapter** \_\_\_\_\_

**ORDER DIRECTING PAYMENT OF UNCLAIMED FUNDS**

Before the Court is the Application for Payment of Unclaimed Funds filed by \_\_\_\_\_  
\_\_\_\_\_ (Applicant) on \_\_\_\_\_ (Date) on behalf of \_\_\_\_\_  
\_\_\_\_\_ (Claimant) and in accordance with the provisions of 28 U.S.C. §2042. The Court  
hereby directs the Clerk of the Court to remit to Claimant (or to Applicant and Claimant if  
Application was submitted by an attorney or “funds locator”) the sum of \$ \_\_\_\_\_ Now  
held as unclaimed funds in the registry of the Court.

The movant shall notify all interested parties of this order.

###

APPROVED FOR ENTRY:

FORM 3011-1(A)

(FIRM NAME)

---

BY: s/Attorney Name  
Attorney name, Bar Number  
Attorney Address  
Attorney Phone and Fax Number  
Attorney E-mail